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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/549,958	09/15/2005	Barbara Ensoli	11340-007-999	1299
20583	7590	12/08/2008	EXAMINER	
JONES DAY			KINSEY WHITE, NICOLE ERIN	
222 EAST 41ST ST			ART UNIT	PAPER NUMBER
NEW YORK, NY 10017			1648	
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		12/08/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/549,958	<b>Applicant(s)</b> ENSOLI, BARBARA
	<b>Examiner</b> NICOLE KINSEY WHITE	<b>Art Unit</b> 1648

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
  - If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
  - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED. (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(o).

#### Status

- 1) Responsive to communication(s) filed on 26 September 2008.
- 2a) This action is FINAL.      2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) Claim(s) 76-86 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) Claim(s) \_\_\_\_\_ is/are allowed.
- 6) Claim(s) 76-86 is/are rejected.
- 7) Claim(s) \_\_\_\_\_ is/are objected to.
- 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on \_\_\_\_\_ is/are: a) accepted or b) objected to by the Examiner.  
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |  |   |
|--|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892)                     | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date: _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/DP/0656)        | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date: _____   | 6) <input type="checkbox"/> Other: _____                          |

**DETAILED ACTION**

***Withdrawn Rejections***

The rejection of claims 76-79 and 81-86 under 35 U.S.C. 102(b) as being anticipated by Weichold et al (WO 00/33654) is withdrawn in view of applicant's arguments.

***Claim Rejections - 35 USC § 103***

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

- (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claims 76-86 are rejected under 35 U.S.C. 103(a) as being unpatentable over Weichold et al (WO 00/33654).

The claims are drawn to a method for treating a tumor or blocking cell migration or invasion, comprising administering indinavir at a daily dose of 1200 mg to a human subject having a tumor or in need of said blocking.

Weichold et al. discloses using HIV protease inhibitors to treat diseases and conditions including cancer (see page 23, lines 22-25). Weichold et al. states that cancer patients, or persons at increased risk of developing cancer, will be administered at least one protease inhibitor to boost and/or modulate the immune system, thereby resulting in effective treatment and/or prophylaxis of cancers (see page 33, lines 7-17).

Weichold et al. further states that such protease inhibitor can be used by itself or in conjunction with other anti-cancer treatments or prophylaxis, e.g., chemotherapeutics, radiation, other immune modulators, cytokines, and immunotherapeutics. Cancers that are treatable and/or preventable include breast, prostate, liver, bladder, lung, esophageal, stomach, skin, pancreatic, brain, uterine, colon, brain, head and neck, and ovarian cancer (see page 33, lines 21-26).

The inhibitors of Weichold et al. include several known protease inhibitors (see page 25, line 3 to page 26, line 21). However, Weichold et al. specifically named and tested Ritonavir, Saquinavir, Indinavir, and Nelfinavir in various assays. Weichold et al. states that preferably a microbial or viral protease inhibitor, and more preferably HIV- 1 protease, proteasome, serine protease, or cysteine protease inhibitor can be used. Examples thereof include, e.g., Ritonavir, Saquinavir, Nelfinavir and Indinavir, MG132, lactacystin, or cytochrome P450 inhibitor (see page 22, lines 19-22). Weichold et al. found that the HIV protease inhibitor, Ritonavir, increased apoptotic death in immortalized (tumor) cells and inhibited tumor growth (see, for example, Figures 11, 21, 25 and 26). The HIV protease inhibitors can be administered orally, parenterally, topically or by inhalation. The term parenteral as used herein includes intravenous, intraperitoneal, intramuscular, subcutaneous, rectal or vaginal administration. The dosage is preferable 0.5 to 20 mg/kg per day for oral or parenteral administration (see page 29, lines 12-24). For a human with a mass of 75 kg, this translates to a range of 37.5 mg to 1500 mg of HIV protease inhibitor per day.

Weichold et al. found that HIV protease inhibitors have anti-inflammatory effects that influence endothelial cell activation and proliferation, thus inhibiting mechanisms that also can lead to tumor neovascularization (i.e., cell migration and invasion) (see page 71, lines 3-12 and Figures 15-18). In addition, Weichold et al. found that HIV protease inhibitors inhibited *in vitro* and *in vivo* tumor formation by Kaposi sarcoma (KS) derived cells and leukemia-derived cells in immune deficient BNX-mice and in immune competent BALB/c mice (see Figures 27a-b), indicating that the anti-neoplastic effect of the HIV protease inhibitor is independent of tumor-specific immune responses (see page 76, lines 4-20).

With regard to the dose of 1200 mg/day, according to section 2144.05 of the MPEP, differences in concentration or temperature will not support the patentability of subject matter encompassed by the prior art unless there is evidence indicating such concentration or temperature is critical. “[W]here the general conditions of a claim are disclosed in the prior art, it is not inventive to discover the optimum or workable ranges by routine experimentation.” *In re Aller*, 220 F.2d 454, 456, 105 USPQ 233, 235 (CCPA 1955). See also *Peterson*, 315 F.3d at 1330, 65 USPQ2d at 1382 (“The normal desire of scientists or artisans to improve upon what is already generally known provides the motivation to determine where in a disclosed set of percentage ranges is the optimum combination of percentages.”)

A particular parameter must first be recognized as a result-effective variable, i.e., a variable, which achieves a recognized result, before the determination of the optimum or workable ranges of said variable might be characterized as routine experimentation.

In re Antonie, 559 F.2d 618, 195 USPQ 6 (CCPA 1977). In the instant application, the dose range of Weichold et al. produced a recognized result (i.e., decreased tumor growth). Absent unexpected results, determining other optimum or workable dosages such as 1200 mg is routine experimentation.

With regard to Indinavir and Nelfinavir, Weichold et al. does not specifically teach administering a composition comprising both Indinavir and Nelfinavir. However, Weichold et al. does teach that each HIV protease inhibitor can be used to treat conditions such as cancer, tumors and neovascularization.

It would have been obvious to one of skill in the art to combine the indinavir and nelfinavir to treat cancer or tumors as taught by Weichold et al.

One of skill in the art would have been motivated to administer a combination of agents, such as indinavir and nelfinavir because both are useful for treating cancer or tumors as taught by Weichold et al., and one of ordinary skill in the art would have had a reasonable expectation of success that the combination treatment would result in the intended use of treating cancer or tumors. A multi-drug treatment approach to tumor therapy is expected to be more aggressive.

Further, the courts have said: "It is *prima facie* obvious to combine two compositions each of which is taught by the prior art to be useful for the same purpose, in order to form a third composition to be used for the very same purpose . . . [T]he idea of combining them flows logically from their having been individually taught in the prior art." In re Kerkhoven, 626 F.2d 846, 850, 205 USPQ 1069, 1072 (CCPA 1980) (citations omitted) (Claims to a process of preparing a spray-dried detergent by mixing

together two conventional spray-dried detergents were held to be *prima facie* obvious.).

In this case, applicants are combining two known HIV protease inhibitors which are taught to be useful for treating cancer and/or tumors.

Therefore, the invention as a whole is *prima facie* obvious to one of ordinary skill in the art at the time the invention was made.

#### ***Response to Arguments***

In the reply dated September 26, 2008, applicant argues that the fact that a claimed compound may be encompassed by a disclosed generic formula does not by itself render that compound obvious. This argument has been fully considered but is not found persuasive.

The inhibitors of Weichold et al. include several known protease inhibitors (see page 25, line 3 to page 26, line 21). However, Weichold et al. specifically named and tested Saquinavir, Indinavir, Nelfinavir and Ritonavir, in various assays. Weichold et al. states that more preferably HIV- 1 protease, proteasome, serine protease, or cysteine protease inhibitor can be used. Examples thereof include, e.g., Ritonavir, Saquinavir, Nelfinavir and Indinavir, MG132, lactacystin, or cytochrome P450 inhibitor (see page 22, lines 19-22). Thus, Weichold et al. leads one of ordinary skill in the art to a small number of preferred protease inhibitors.

Applicant also argues that it is known in the art that the daily dose of Indinavir in HIV therapy is 2400 mg. This argument too has been fully considered but not found persuasive.

A dose of 2400 mg of Indinavir is what is commonly used for HIV therapy. Here, the protease inhibitor is used for, *inter alia*, tumor therapy. Weichold et al. clearly teaches a range of 37.5-1500 mg of inhibitor, which is less than 2400mg. Therefore, based on the teachings of Weichold et al., one of ordinary skill in the art would use a dose of HIV inhibitor that is less than 2400mg. The obviousness of the 1200mg dose is addressed above.

Applicant next argues that because Ritonavir and Indinavir have different mechanisms when treating footpad swelling in mice injected with lymphocytic choriomeningitis virus, one of ordinary skill in the art would not substitute Indinavir for Ritonavir. This argument is not found persuasive.

Footpad swelling and cancer are two very different conditions. Accordingly, observations of the effects of the inhibitors on footpad swelling are not predictive of what may occur when treating cancer with the same inhibitors. As stated above, Weichold et al. specifically names Ritonavir, Saquinavir, Nelfinavir and Indinavir and performed assays using these specific HIV inhibitors, especially Ritonavir. Based on the observations of Weichold et al. (see, for example, Figures 2 and 3), where Ritonavir, Saquinavir, Nelfinavir and Indinavir provided protective effects for cells, one of ordinary skill in the art would find motivation to substitute any of the other named and tested HIV protease inhibitors (Saquinavir, Nelfinavir and Indinavir) for Ritonavir in the tumor assays and have a reasonable expectation of success and predictability because, as mentioned above, all four HIV inhibitors produced a similar result in prior assays (suggesting that they work via similar mechanisms). Furthermore, it would have been

obvious to try Saquinavir, Nelfinavir and Indinavir in the Ritonavir-tumor assays with a reasonable expectation of success because there is a finite number of HIV protease inhibitors suggested by Weichold et al. and because all four HIV inhibitors produced a similar result in prior assays (suggesting that they work via similar mechanisms).

No claim is allowed.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to NICOLE KINSEY WHITE whose telephone number is (571)272-9943. The examiner can normally be reached on Monday through Friday from 9:00 am to 5:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Bruce Campell can be reached on (571) 272-0974. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Art Unit: 1648

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Nicole Kinsey White/  
Examiner, Art Unit 1648

/Stacy B Chen/  
Primary Examiner, Art Unit 1648

<b>Application Number</b> 	<b>Application/Control No.</b>	<b>Applicant(s)/Patent under Reexamination</b>
	10/549,958 <b>Examiner</b> NICOLE KINSEY WHITE	ENSOLI, BARBARA <b>Art Unit</b> 1648